

# Decreasing Incidence of Gonorrhea in Homosexually Active Men—Minimal Effect on Risk of AIDS

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*The incidence of gonorrhea in homosexually active men in Seattle-King County and in Washington State as a whole decreased by 57% from 1982 to 1984, compared with a 20% decrease among heterosexual men and women. This probably reflects behavioral changes of homosexual men in response to the epidemic of the acquired immunodeficiency syndrome (AIDS). Nevertheless, changes in sexual behavior that greatly reduce the incidence of gonorrhea do not necessarily result in a similar reduction in the risk of exposure to the virus that causes AIDS.*

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In recent reports decreasing incidences of gonorrhea have been documented among homosexually active men in Denver<sup>1</sup> and New York,<sup>2</sup> attributed to behavioral changes in response to the epidemic of the acquired immunodeficiency syndrome (AIDS). This report contains additional evidence for this phenomenon, based on the reported rates of gonorrhea in Washington State and the state's largest sexually transmitted diseases (STD) clinic system.

## Methods

Reported cases of gonorrhea from 1982 through 1984 in Washington State and among patients attending the STD clinics of the Seattle-King County Department of Public Health were analyzed according to sexual orientation or anatomic site of infection. For patients attending the STD clinics, sexual orientation is routinely recorded. Gonorrhea as a percentage of clinic visits was calculated using total visits (initial diagnosis or follow-up) for each patient group. Gonorrhea in Washington State is recorded by anatomic site of infection; specific data on sexual orientation are not available. The Seattle-King County STD clinic cases are included in the statewide data.

## Results

The incidence of gonorrhea in homosexually active men attending the Seattle-King County STD clinics fell 57% from 1982 to 1984, compared with decreases of 20% in heterosexual men and women (Table 1). The decreases were partly

### ABBREVIATIONS USED IN TEXT

AIDS = acquired immunodeficiency syndrome  
STD = sexually transmitted diseases

attributable to a decline in clinic attendance for heterosexuals but not for homosexual and bisexual men. The statewide trends for reported rectal and urethral infections in men and cervical gonorrhea in women mirrored the STD clinic incidences. (Urethral infections reflect gonorrhea in men of either sexual orientation.) During the course of this study, reported AIDS cases in Washington rose from 14 through 1983 to 69 in 1984; 25 more cases were reported in the first four months of 1985 (total, 108 cases to date, of which 78 occurred in Seattle-King County).

## Discussion

It is probable that the declining incidence of gonorrhea in homosexually active men reflects changes in sexual behavior in response to publicity about AIDS and perhaps to educational programs focusing on AIDS risk reduction. Greater attendance for health screening examinations, also engendered by the fear of contracting AIDS, may be an additional contributing factor. Anecdotal reports from homosexually active men in King County and their health care providers support both of these interpretations. The more modest decrease in gonorrhea in heterosexual men and women is similar to the national trend and may be due to demographic factors (de-

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# GONORRHEA IN HOMOSEXUAL MEN

TABLE 1.—*Reported Cases of Gonorrhea According to Sex and Sexual Orientation or Site of Infection, 1982-1984*

Reporting Source	Sex	Sexual Orientation or Site of Infection	Parameter	Year			Percent Change 1982-1984
				1982	1983	1984	
Seattle-King County STD Clinics . . . . .	M	Homosexual or Bisexual	No. cases	738	499	320	-57
			Clinic visits*	5,137	5,184	4,840	- 6
			Percent†	14.4	9.6	6.6	-54
	M	Heterosexual	No. cases	1,096	985	876	-20
			Clinic visits*	16,264	14,348	14,009	-14
			Percent†	6.7	6.9	6.3	- 6
	F	Heterosexual	No. cases	692	626	556	-20
			Clinic visits*	12,795	11,022	9,873	-23
			Percent†	5.4	5.7	5.6	+ 4
Washington State . . .	M	Rectum	No. cases	598	394	257	-57
	M	Urethra	No. cases	5,373	4,577	4,176	-22
	F	Cervix	No. cases	4,528	4,061	3,898	-14

STD=sexually transmitted diseases

\*Clinic visits includes attendance for a new disease episode, screening or follow-up.

†Percent refers to gonorrhea cases as a percentage of total visits to the STD clinics for each group of patients.

clining number of persons aged 15 to 30 years); gonorrhea screening and other control measures, or, as for homosexual men, an enhanced fear of contracting STD, especially genital herpes.<sup>3</sup>

Although these results reflect a desirable trend, data from San Francisco<sup>4,5</sup> and Chicago<sup>6</sup> suggest that only modest changes have occurred in the sexual behavior of homosexual men. A moderate reduction in the number of sexual partners or increased attendance for health screening examinations may result in a large change in the incidence of gonorrhea without materially affecting the risk of AIDS virus exposure. For example, in Seattle about a third of homosexual and bisexual men attending the Seattle-King County STD clinic have serologic evidence of AIDS virus infection; a 90% reduction in the number of anonymous partnerships from 50 to 5 contacts annually would confer a decrease in the risk of AIDS virus exposure from virtually 100% only to 87%. The AIDS risk-reduction guidelines of the Seattle-King County Depart-

ment of Public Health advise men to abstain from all sexual activity with other men or limit homosexual contact to permanent monogamous relationships. Casual homosexual partnerships are strongly discouraged, even in the context of "safe" sex practices intended to reduce the exchange of blood or secretions.

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